



South Carolina Department of Insurance

300 Arbor Lake Drive, Suite 1200
Columbia, South Carolina 29223

Mailing Address:
P.O. Box 100105, Columbia, S.C. 29202-3105
Telephone: (803) 737-6230

MARK SANFORD
Governor

ELEANOR KITZMAN
Director of Insurance

TO: All Insurers Writing Workers Compensation Insurance Business within the State of South Carolina

FROM: James Byrd
Deputy Director
Market Services Division

RE: Request for Historical and Current Voluntary Workers Compensation Loss Cost Multipliers

DATE: September 8, 2006

Periodically, the South Carolina Department of Insurance (Department) will request data from insurers writing within the South Carolina insurance market. Data calls are used generally to monitor conditions within the market and to collect data necessary for statutory and other reports. This memorandum constitutes an official request for historical and current voluntary workers compensation loss cost multipliers for the voluntary market.

Insurers with any South Carolina workers compensation property and casualty insurance direct written premium in 2005 are required to complete the attached exhibits. Reinsurers must also complete the attached forms. Data for more than one insurance company must not be combined into a single exhibit. **THE EXHIBITS MUST BE SUBMITTED TO THE DEPARTMENT BY OCTOBER 10, 2006.**

This information is being requested pursuant to S.C. Code Ann. §§ 38-13-160 and 38-13-300. The Department will protect the proprietary nature of the information submitted in accordance with Department policy and South Carolina law.

The Department is conducting this Data Call using the capabilities of the Internet. The 2006 Data Call cover letter, instructions and worksheets are also available on the South Carolina Department of Insurance's website and can be accessed at <http://www.doi.sc.gov> via the homepage and "Company Information" hyperlink to Data Calls. Please submit the data requested and subsequent communications to the Department via email.

Thank you for your assistance and cooperation with this important study. If you have any questions, please contact Carla Lachance, Manager, Forms and Rates at (803) 737-6320 or by email at clachance@doi.sc.gov.

[INSTRUCTIONS FOLLOW ON THE NEXT PAGE]

South Carolina Department of Insurance
2006 Workers Compensation Property and Casualty Insurance Data Call

INSTRUCTIONS

GENERAL INFORMATION

What follows are general instructions for completing the exhibits.

- **All data is due by October 10, 2006.** This data call applies to all insurers transacting workers compensation insurance business in South Carolina who have written workers compensation insurance on a direct basis in 2005.
- If an insurer has no data to submit, please submit a letter stating that in lieu of the attached forms.
- Each sheet must contain the insurer's NAIC number, a contact person, and that person's telephone number. If the insurer does not have an NAIC number, enter self-insured in its place.
- The templates provided were created in Excel. If your company only uses Lotus, it is possible to open the templates in Lotus. However, you must save the information in Excel by using a ".xls" file extension.
- All information must be submitted on unaltered templates. The attached forms have been encrypted, so they cannot be altered.
- Use a separate template for each insurer with information to report.
- All dollar amounts should be entered as whole dollar amounts.

INSTRUCTIONS FOR SUBMISSION

- **ALL INFORMATION MUST BE SUBMITTED ELECTRONICALLY** (i.e., via 3.5 diskette or email). Other submission of data will not be accepted.
- Please write the name of your company on the diskette label if the information is submitted in this manner.

INSTRUCTIONS FOR COMPLETING EXHIBITS:

- All information on this sheet must be on a calendar year basis. Attached is a copy of the excel spreadsheet that must be completed and two sample worksheets. The samples are included to illustrate how the forms should be completed for each insurer. Additionally, there are instructions included the completion of each form.

- You may email your response to the data call to:

clachance@doi.sc.gov

or you may send your data via diskette to:

Carla Lachance
Manager, Forms and Rates
South Carolina Department of Insurance
300 Arbor Lake Drive, Suite 1200
Columbia, South Carolina 29223

Please read the instructions carefully. If you find any part of this package missing or have questions relating to this data call that are not addressed by the instructions, please do not hesitate to contact Ms. Lachance at (803) 737-6230.